FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10085

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hughesville
c. LENGTH OF STAY (in this place): 0 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route # 1, Hughesville, County Road D, 2Mi. W. US 65

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Hughesville, 800 - 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Route # 1, Hughesville, ~~County~~ Twshp Road D, 2Mi. W. of U.S. Hw'y. #65 Jct.

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): LORENE
c. (Last): BODENHAMER

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 7, 1890
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Pettis Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Shaw
13b. MOTHER'S MAIDEN NAME: Victoria Walker
14. NAME OF HUSBAND OR WIFE: John Mack Bodenhamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Mack Bodenhamer, Hughesville, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) APOPLEXY CERABRAL (PROBABAL)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Dr. Conser was called but patient died before he came
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DID NOT ATTEND to ____, 19____, that I last saw the deceased alive on DID NOT SEE ALIVE, and that death occurred at ____ m., from the causes and on the date stated above.

23a. Signature Geo. E. Bryant Coroner
23b. Address Sedalia Mo.
23c. Date Signed 6 APRIL 56

Kent B. Conser MD
SEDALIA MO.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/1956
24c. NAME OF CEMETERY OR CREMATORY: High Point Cemetery
24d. LOCATION (City, town, or county) (State): Pettis Co., Missouri

DATE REC'D BY LOCAL REG.: 4-7-'56
REGISTRAR'S SIGNATURE: G. J. Campbell M.D.
FUNERAL DIRECTOR'S SIGNATURE: D. W. Heckert
ADDRESS: SEDALIA, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. 52

working under my personal supervision..

Student Clifford Gouge ..... Signed D W Heckart

Signature of Student Embalmer

Licensed Embalmer No. 34

P. O. Address [redacted]DALIA,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.